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CENTRAL FAX CENTER**NOV 10 2005****FAX TRANSMISSION****DATE:** November 10, 2005**PTO IDENTIFIER:** Application Number 09/885,294-Conf. #2663
Patent Number**Inventor:** Lonnie O. Ingram et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Peter C. Lauro

PHONE: (617) 439-4444**Attorney Dkt. #:** 59777(49950)**PAGES (Including Cover Sheet):** 5**CONTENTS:**
Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence
Address (1 page)
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Transmittal (1 page)
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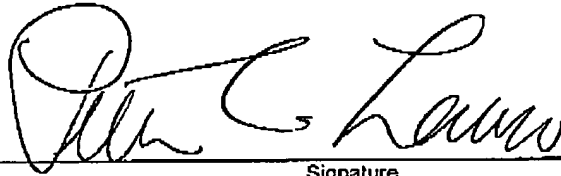
Application No. (if known): 09/885,294

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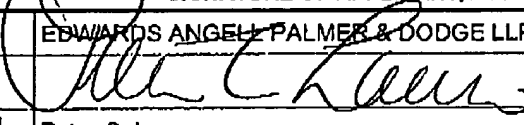
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/885,294-Conf. #2663	
	Filing Date	June 19, 2001	
	First Named Inventor	Lonnie O. Ingram	
	Art Unit	1651	
	Examiner Name	I. Marx	
Total Number of Pages in This Submission	5	Attorney Docket Number	59777(49950)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) (1 page)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Peter C. Lauro		
Date	November 10, 2005	Reg. No.	32,360

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/885,294-Conf. #2663
	Filing Date	June 19, 2001
	First Named Inventor	Lonnie O. Ingram
	Art Unit	1651
	Examiner Name	I. Marx
	Attorney Docket Number	59777(49950)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 21874☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name EDWARDS & ANGELL, LLP
Peter C. Lauro

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

David L. Day, Dir. Office of Technology Licensing

Date

10/12/05

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Lonnle O. Ingram et al.Application No./Patent No.: 09/885,294Filed/Issue Date: June 19, 2001Entitled: METHODS FOR IMPROVING CELL GROWTH AND ALCOHOL PRODUCTION DURING FERMENTATIONUniversity of Florida
(Name of Assignee)University
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

David L. Day
Signature

10/24/05
Date

David L. Day
Printed or Typed Name

Telephone Number

Dir. Office of Technology Licensing
Title